



IAP08Rec'd PCT 30 OCT 2009

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

In re Patent Application of:

Atty. Dkt.: LSN-39-314

Christopher J. D. POMFRETT, et al.

T.C./A.U.: 3736

Serial No.: 10/553,745

Examiner: Michael C. Stout

Filed: October 18, 2005

Date: October 30, 2009

Title: NERVOUS SYSTEM MONITORING METHOD

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.**

Fees are attached as calculated below:

Total effective claims after amendment 25 minus highest number
previously paid for 22 (at least 20) = 3 x \$52.00 \$52.00 (1202)/\$0.00 (2202) \$ 156.00

Independent claims after amendment 11 minus highest number
previously paid for 8 (at least 3) = 3 x \$220.00 \$220.00 (1201)/\$0.00 (2201) \$ 660.00

If proper multiple dependent claims now added for first time, (ignore improper); add
\$390.00 (1203)/\$0.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)

11/02/2009 TL0022 00000040 10553745

01 FC:1615 156.00 OP
02 FC:1614 660.00 OP

One Month Extension \$130.00 (1251)/\$0.00 (2251)
Two Month Extensions \$490.00 (1252)/\$0.00 (2252)
Three Month Extensions \$1110.00 (1253)/\$0.00 (2253)
Four Month Extensions \$1730.00 (1254)/\$0.00 (2254)
Five Month Extensions \$2350.00 (1255)/\$0.00 (2255) \$ 490.00
\$140.00 (1814)/ \$0.00 (2814) \$

Terminal disclaimer enclosed, add

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 180.00

Assignment Recording Fee \$40.00 (8021) \$

11/02/2009 TL0022 00000040 10553745

03 FC:1252 490.00 OP

TOTAL FEES \$ 1486.00

☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our **Deposit Account No. 14-1140**.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100

11/02/2009 TL0022 00000040 10553745

04 FC:1806 180.00 OP
LSN:lef

NIXON & VANDERHYE P.C.

By Atty.: Larry S. Nixon, Reg. No. 25,640

Signature:

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